



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

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NAME OF FACILITY: State Street Assisted Living

DATE SURVEY COMPLETED: May 1, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
32225 3225.12.0 3225.12.1 3225.12.1.3	<p>An unannounced annual and complaint survey was conducted at this facility beginning April 25, 2012 and ending May 01, 2012. The facility census on the entrance day of the survey was 78 residents. The survey sample was composed of 8 residents. The survey process included observations, interviews and review of resident clinical records, facility documents and facility policies and procedures</p> <p>Regulations for Assisted Living Services</p> <p>The assisted living facility shall ensure that:</p> <p>Food service complies with the Delaware Food Code</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observations and interviews during the tour of the kitchen with the E 50 (Food Service Director) on 5/1/2012 it was determined that the facility failed to comply with sections: 6-501.11, 6-501.114 (A), and 4-903.11 (D) of the State of Delaware Food Code. Findings include:</p> <p>6-5 Maintenance and Operation</p> <p>6-501.11 Repairing.</p> <p>Physical facilities shall be maintained in good repair.</p> <p>This requirement is not met as evidenced by:</p>	<p>Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with state law.</p> <p>3225.12.1.3 Food service complies with the Delaware Food Code</p> <p>6-5 Maintenance & Operation</p> <p>6-501.11 Repairing.</p> <p>I. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>a. No residents were affected.</p> <p>II. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>a. No residents were affected and ceiling area was repaired on 5/2/12.</p>

Provider's Signature

Maria Cae NHA Title Executive Director Date 5/16/12



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	<p>Observations at 11:55 AM revealed that the hallway ceiling by the door to the dry food storage room was peeling. E50 (Food Service Director) confirmed the finding.</p> <p>6-501.114 Maintaining Premises, Unnecessary Items and Litter.</p> <p>The premises shall be free of:</p> <p>(A) Item that are unnecessary to the operation of maintenance of the establishment such equipment that is nonfunctional or no longer used.</p> <p>This requirement is not met as evidenced by:</p> <p>Observations at 12:05 PM revealed that the CresCar heating unit was stored near the exhaust hood. E50 (Food Service Director) confirmed that the unit had not been used for years. E1 (facility administrator) stated that the removal of the unit was a corporate responsibility.</p> <p>4-9 Protection of Clean Items</p> <p>4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles.</p> <p>(D) Items that are kept in closed packages may be stored less than 15 cm (6 inches) above the floor on dollies, pallets, racks, and skids that designed as specified under § 4-204.122.</p> <p>This requirement is not met as evidenced by:</p> <p>Observations at 12:00 PM of the dry food storage room revealed that cardboard</p>	<p>III. What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur:</p> <p>a. Food Service Director will monitor daily for two quarters to ensure this does not occur again.</p> <p>IV. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>a. Food Service Director/ designee will review at Quality Assurance meeting for each quarter to ensure compliance and to determine the need to further recommend or to improve outcomes.</p> <p>6-501.114 Maintaining Premises, Unnecessary Items and Litter.</p> <p>I. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>a. No residents were affected.</p> <p>II. How will you identify other resident having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>a. No residents were affected.</p> <p>III. What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur:</p> <p>a. Piece of equipment was removed on 5/17/12.</p>



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16 Del. C., Chapter 11, Subchapter IV	<p>containers were stored on the floor. The finding was confirmed by E 50 (Food Service Director).</p> <p>Criminal Background Checks; Mandatory Drug Testing; Nursing Home Compliance with Title XIX of the Social Security Act</p> <p>Section 1141. Criminal background checks.</p> <p>(g) Any employer who hires or employs an applicant for employment and fails to request and/or fails to obtain a report of the person's entire criminal history record from the State Bureau of Identification and/or a written report regarding the suitability of the applicant based on the applicant's federal criminal history shall be subject to a civil penalty of not less than \$1,000 nor more than \$5,000 for each violation. Any such employer shall also be subject to this penalty if that employee conditionally hires or employs an applicant before receiving verification from the State Bureau of Identification that the applicant has been fingerprinted and that the state and federal criminal background checks have been requested.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on review of facility documents and staff interview it was determined that the facility failed to ensure that a criminal background check and fingerprints were obtained for one hired employee (E4) out of 14 sampled. Findings include:</p> <p>Review of the personnel file of E4 (hired</p>	<p>IV. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>a. Food Service Director/ designee will review at Quality Assurance meeting for two quarters to ensure compliance and to determine the need for further recommendations or to improve outcomes.</p> <p>4-9 Protection of Clean Items 4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles.</p> <p>I. What corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>a. No resident was affected</p> <p>II. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>a. No resident was affected</p> <p>III. What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <p>a. Containers were removed from floor and placed 6" above the floor on 5/2/12.</p> <p>IV. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>a. Food Service Director/ designee will review at Quality Assurance meeting for two quarters to ensure compliance and to determine the need for further recommendations or to improve outcomes.</p>



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	<p>employee) revealed the absence of any documentation of the performance or the findings of a criminal background check. Review of the above referenced personnel file was also absent any documentation of fingerprints verified for E4 (hired employee). In an interview conducted with E3 (office manager) on 5/1/2012 she acknowledged failure to complete a criminal background check for E4 (hired employee) during the hiring process.</p> <p>This finding was reviewed with E1 (facility administrator) and E2 (RN/DON) on 5/1/2012.</p>	<p>16 Del.C., Chapter 11, Subchapter IV: Criminal Background Checks; Mandatory Drug Testing; Nursing Home Compliance with Title XIX of the Social Security Act</p> <p>I. What corrective action will be accomplished for those residents found to have been affected by the deficient practice; a. No resident has been affected</p> <p>II. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; a. No resident has been affected</p> <p>III. What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur; a. Business Office Manager audited all active employee files. Findings reported to the QA.</p> <p>IV. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. a. Business Office Manager will review at Quality Assurance meeting for each quarter to ensure compliance and to determine the need for further recommendations or to improve outcomes.</p>